

REGISTRATION FORM

Participant's Name: _____ Birth Date: _____ Age: _____ M/F: _____
Address: _____ Town _____ Zip _____ Phone _____
Mother's Name _____ Work Phone _____ Cell Phone _____
Father's Name _____ Work Phone _____ Cell Phone _____
Best # to Reach _____ Name at that # _____ Email _____
Alternate Emergency Contact _____ Relationship to participant _____
Emergency Contact Phone _____ Emergency Contact Cell _____
Allergies/Concerns _____

NON RESIDENTS MUST ADD \$10.00 TO TOTAL

ACTIVITY	SESSION	DATE(S)	DAY(S)	TIME	FEE
				Non-Residents add \$10.00	
				TOTAL DUE:	\$ _____

Make Check Payable To: "Town of Westford"

Mail To: PO Box 2444, Westford, MA 01886 OR Drop Off At: 35 Town Farm Road

PARTICIPATION IN THE ABOVE PROGRAM(S) MAY INVOLVE SOME RISK OF PERSONAL INJURY. I HEREBY RELEASE AND COVENANT TO HOLD HARMLESS THE RECREATION DEPT., ITS AGENTS AND EMPLOYEES FROM ANY AND ALL ACTIONS, CLAIMS AND DAMAGES FOR PERSONAL INJURIES THAT I OR MY CHILD(REN) MAY HAVE SUSTAINED AND/OR MAY HAVE INCURRED AS A RESULT OF PARTICIPATION IN THE ABOVE PROGRAM(S).

PARENT/GUARDIAN SIGNATURE: _____ DATE _____